

THE
Practicability and Value of Non-Restraint
IN
TREATING THE INSANE.

A PAPER READ AT CLEVELAND, OHIO, JULY 1ST, 1880, BEFORE
THE CONFERENCE OF CHARITIES.

BY
Dr. J. C. SHAW,
MEDICAL DIRECTOR OF THE LUNATIC ASYLUM OF KING'S COUNTY,
BROOKLYN, N. Y.

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SPECIAL SESSION ON LUNACY.

Thursday Afternoon, July 1.

The President, at the opening of this Session, said that it was held for the purpose of hearing what a committee from New York, represented by Dr. G. M. Beard, Dr. E. C. Seguin and Miss A. A. Chevaillier, have to present in respect to the important subject of lunacy. He then introduced Dr. Seguin, who read the following paper :

THE PRACTICABILITY AND VALUE OF NON-RESTRAINT IN TREATING THE INSANE.

BY DR. J. C. SHAW, MEDICAL DIRECTOR OF THE LUNATIC ASYLUM OF KING'S
COUNTY, BROOKLYN, N. Y.

Thursday Afternoon, July 1.

Mr. Chairman, Gentlemen and Ladies:— I am not here to present to you an historical sketch of the subject of non-restraint in the management and care of the insane, but to direct your attention briefly to the practical part of the subject ; and to demonstrate that it is practicable and beneficial, observations have been made in the King's County Insane Asylum, which is under my direction. Several papers have been presented to this Conference at its meetings during the past six years, some treating the subject pretty exhaustively. Among them are the papers by Dr. H. B. Wilbur, Dr. J. L. Bodine and Mr. F. H. Wines. There are also papers by Drs. Folsom and Bucknill on asylums in America, to all of which I refer you.

On taking charge of the asylum, not two years ago, I found a large number of patients in restraint-jackets, straps and seclusion. On inquiring why certain male patients were in restraint, I was told by the attendants and the assistant physician, who was then in charge of the wards, that they were bad, vicious patients, who would injure the nurses and other patients. Some of these patients had been in restraint for months, and even for years. On considering the situation of things, and the best way of reducing this very high ratio of restraint, I observed that the patients, whenever they were in the presence of the attendants, showed by the expression of their faces evident dislike to them ; and, as the nurses stoutly insisted that these patients could not get

along without restraint, I saw that if I took the apparatus off in these halls, and with these nurses, I should certainly be unsuccessful, as there soon would be a collision between the patients and their nurses. I therefore removed the patients into other halls, with nurses comparatively strangers to them, and then took the apparatus off. This proved to be a complete success, and patients who had been in continued restraint, night and day, for months, and even for years, now got along so quietly that I sometimes wondered why they had ever been put in restraint at all. The restraint on the female side was less than on the male side, and this was due to the greater intelligence of the assistant in charge. Here also we adopted the same plan, with like success. Simultaneously all the restraint apparatus was taken from the halls where previously it had been kept (for the nurses to apply at their discretion), to the office, so that it could only be applied by direction of the medical staff; the restraint to be for such a length of time as they directed, and then returned to the office and a record kept of it. In this way we reduced the restraint to about five patients in 700. This proved to be so successful and satisfactory to all the staff, as well as to myself, that I determined to have no restraint apparatus at all, for then none could be used. So I had it all burnt, and I do not exaggerate when I say that there must have been *three hundred* pairs of restraint apparatus, straps, camisades, etc.

The only thing that now could be used was seclusion, and this was strictly watched, and its use, without permission, made an offence punishable by dismissal; hence, we had little use made of it. I must speak of one woman on whom we bestowed much thought. She is very large, tall and stout, weighing at least two hundred and fifty pounds; she had been in seclusion for years, and her food was handed in to her; she was at times a very quiet patient, and at others violent; she was in the charge of a good nurse, who used to take her out in the evening, when she was quiet, and allow her to walk up and down the hall; she would strike other patients if she became angry, and, from her size, was quite a terror. My assistant, Dr. Arnold, was determined to find a way of keeping her out in the hall with the rest of the patients. She had been in seclusion so long that it really became a matter of judicious management how to have her out associating with the other patients, and have no continued quarrels and fights; but at

last he succeeded, and now she moves about the hall with the other patients, and dines in the associated dining-room.

I must now beg you to consider what has been accomplished under great disadvantages; as is well known, county asylums have far less facilities than State asylums. We have over 700 patients, on an average one attendant to 15 patients, no grounds to speak of, except an airing court; and a comparatively low diet. This system of non-restraint is of the best possible effect on the patients; they are less violent and more contented. We do not find, as has been alleged, I believe, that it is more irritating to the patients to be under the control of the attendants than it is to have the apparatus on them, but just the reverse. Patients dislike very much to be tied up in any kind of apparatus; if the attendants treat them courteously and with consideration, but with firmness, there need be no ill feeling or resentment on the part of patients. A great deal can be accomplished without force. As soon as we find that a patient takes a dislike to a nurse, and cannot get along with him or her, we remove the patient. We find that since the abolition of the restraint we hear and see less of violent patients than we did with the restraint; and we certainly have fewer scuffles between patients and attendants, and no more instances of patients hitting each other than we had when it was in vogue.

Now, as to how this system is to be carried out in any asylum; and, if you please, let us take an asylum under the worst possible circumstances, and containing a great many patients. It has been said by an expert German psychologist and neurologist, that when the non-restraint system was introduced into the *Charité-Krankenhaus* at Berlin, every attendant had to be dismissed; I hardly think this would be necessary in America, but if it were, why, let us do it. I here quote a passage from the paper of Dr. Bodine: "The attendant is the weak point in the non-restraint system. The natural impulse of the average attendant is to treat the patients entrusted to his care 'like dumb, driven cattle,' but well chosen attendants, being treated by their superior officers with kindness, consideration and humanity, will thus be prepared to extend the same law of human kindness to their afflicted and often perverse charges. The superintendent always gives tone to his whole institution, and the insane unconsciously assimilate the character of their surroundings and associations very much as

children do. The attendant will never be more careful and considerate of the interests and welfare of the patients than his superior officers are." This is a correct statement of the relation of the officers to the attendants and patients.

I did not find it necessary to dismiss any of my attendants to carry out the non-restraint plan, but they were given to understand that it had to be carried out, and no harshness would be tolerated; and they were closely supervised. Attendants, as a rule, will very soon do what they find the superintendent intends to carry out, without vacillation. One thing is absolutely necessary, however, and it is that the assistant medical officers should be in entire accord with the superintendent; in this I have been most fortunate. Dr. John Arnold and Dr. John S. Woodside, my two senior assistants, have been just as anxious and zealous in carrying it out as I have been myself, and to them a great deal of credit is due.

Closely connected with this matter of non-restraint is the employment of patients; these two go together. The employment of patients means the abolition of restraint apparatus; the plan of keeping patients day after day and month after month in a hall, is, in my judgment and observation, highly detrimental to their mental health; even the demented become more stupid under these circumstances. With the limited ground and facilities at my command, I have been able to do comparatively little in my asylum, but I hope and believe it will compare well in this with other asylums having ampler facilities and grounds. I succeeded in having placed at my disposal about sixteen acres of garden. On this we have occupied many of our male patients, whilst others made roads, etc. The non-restraint and occupation of patients are, in our experience, most efficient means of treatment. Patients who appeared almost hopelessly insane, recovered while out of doors working; others recovered much faster than they otherwise would have done.

At first a number of patients ran away, but after a while, as they became more accustomed to being out and had more freedom, the runaways became less and less. The patients like to go out, and they ask to be allowed to do so; of course, a few refuse to do anything. The employment of women is more difficult, as we cannot so easily give them the outside work, in the way of gardening, that we do men; sewing, housework and employment in the laundry are mostly the occupations that they can engage in.

From what I have seen of this increased freedom among our patients, I am convinced that a great deal of freedom can be allowed them, and I do not think that it is at all exaggerated by the English and Scotch superintendents. I have become more and more convinced that the occupation of these patients is a most important element in treatment, and in the happiness of those who are incurable. Had I the ground that surrounds some of the State asylums I could get almost every one of my patients out to work. I am sure that a great deal can be done with a short allowance of attendants; this need be no excuse; there are many patients in every asylum who are almost as good as nurses, and will help to keep the others in order.

I regret very much that there is such a lack of public confidence in asylum management. This, I am convinced, plays a certain part in obstructing the progress of changes. I mean the ill feeling which is entertained by ignorant persons. I do not mean intelligent criticism, but the ignorant friends and relatives of patients in asylums—these, I say, are obstructions to improvements. I believe I do not speak unadvisedly; for instance, I have had persons make complaints and tirades against me because I employed patients in gardening and other out-of-door work. In one instance the aunt of a young man was highly indignant because her nephew worked in a garden, and she demanded that he should be removed from the work. The young man was sent to his work at his own request. When he was sent for and asked if he wished to remain in the hall where he was and continue to work in the garden, or be sent back to the hall he was in before, he said that he did not wish to be moved. His aunt then protested that he was nothing but an insane boy and did not know what was good for him, lamented that he was all sunburnt, and said that he had no business to work, and she would see about it. I, of course, gratified the young man, and positively refused to change him; he was in a hall where the door was always open, and he could go in and out as he pleased. At another time, the grand jury of the county inquired of a judge if they could indict a superintendent for making insane persons work. Now, it requires some courage on the part of superintendents to change the old routine under this kind of tyranny and interference; a man who is timid, yields rather than subject himself to this and similar annoyance; but he who does so must be a man who has

little feeling for his patients, and is satisfied to go through his halls and see them as prisoners, rather than unfortunate creatures needing care and kindness. It becomes the duty then, in my opinion, of such bodies as this, and other philanthropic bodies and individuals, to instil into the public mind the importance of a change in the present system of keeping the patients shut up, which is almost universally done in American asylums. Patients in asylums are not half as insane as some persons suppose them to be; a great deal can be trusted to most of them, and a greater amount of liberty allowed them.

This very brief communication is brought before this Conference to prove that the non-restraint system is quite practicable in America, notwithstanding the opposite has been stated.

